

**Cochrane UK
Evidence Synthesis Programme
Advisory Group Meeting (ESPAG)
Annual Report
2020-2021**



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Director's Introduction

In this year's mid-year report, I noted that "2020 continues to be an extraordinary year as the effects of the COVID-19 pandemic roll on." And 2021 has been no less extraordinary, thus far. Notwithstanding the difficulties they have faced, the team at Cochrane UK have adapted, flexed and adjusted their work, and their working lifestyles, to ensure that the first year of our 2020 to 2025 contract period has been a success.

The Consumer Champions scheme is now well advanced, and the Evaluation Programme has reported its first results. In the absence of the normal face-to-face Annual Meeting, Cochrane UK and Cochrane Ireland hosted a very successful virtual meeting, focussing on uncertainty - something all of us have had to learn to live with more comfortably this year. There is much more and the details are included in our report.

One particular highlight: Cochrane UK has made another very significant contribution to the global venture in the form of a detailed report and recommendations on the writing of high-quality abstracts for Cochrane Reviews, submitted to the Editor-in-Chief. We hope this will be widely adopted and lead to the development of helpful guidelines and training materials. As I have often said, the abstract is probably the only part of most Cochrane Reviews that many people read. Cochrane abstracts should be a model of clarity, precision and conciseness. Watch this space.

Changes are afoot in Cochrane. Very significant changes. I am confident that Cochrane UK will be able to work with NIHR and the wider Collaboration to ensure that NIHR funding is well spent; both to support Cochrane's central mission, and to see the development of the evidence synthesis products that are most needed in the post-pandemic NHS.

Finally, thanks again to the dedicated and hard-working team at Cochrane UK. This report is a testament to their enthusiasm and dedication in very challenging circumstances.



Martin Burton, Director
Cochrane UK

Mart J. Burk

Strategic Objective 1: Training and development programmes to support evidence production

During this period (1st April 2020 to 31st March 2021), Cochrane UK hosted 11 virtual workshops and one virtual event, with a total of 493 attendees. The timelines below illustrate the training and development programmes from April 2020 to April 2021.



Figure 1 - Training events organized by Cochrane UK, from April to December 2020.

* Number of attendances from two workshops.

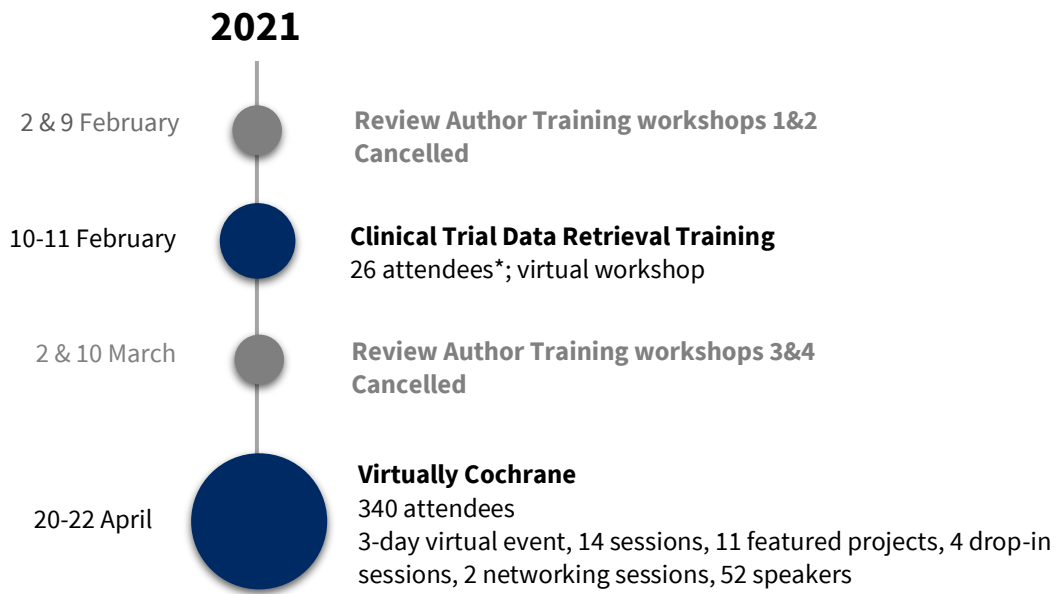


Figure 2 - Training events organized by Cochrane UK, from January to April 2021.

Review Author Training

Cochrane UK organized 17 Review Author Training workshops (RA 1 to RA 4). During the national lockdown we cancelled six workshops due to unavailability of facilitators (RA1 and RA2, March 2020) and an increase in participant cancellations in February 2021 (RA1 and RA2) and March 2021 (RA3 and RA4). Despite these cancellations, overall attendances remained consistent with the previous two years, as shown in Figure 3 – number of Review Author Training attendees by year.

Workshops have been delivered virtually since March 2020 due to the COVID-19 pandemic. The format has been adapted to suit the virtual learning environment, by incorporating synchronous and asynchronous learning. We will continue delivering virtual workshops in 2021 and re-evaluate the mix of virtual and face-to-face offerings in 2022.

Overall, the feedback from participants has been very positive. Data from all the surveys sent after the workshops indicate that all the respondents (61.5% of the participants) found the workshops very or extremely helpful.

* Number of attendances from two workshops.

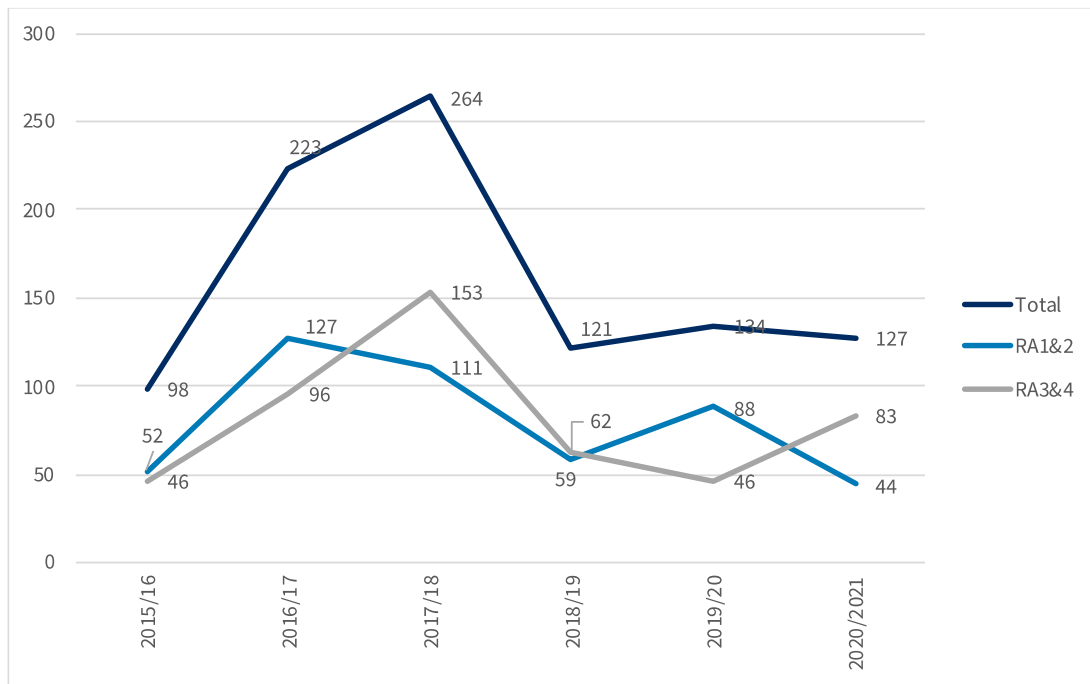


Figure 3 - Number of Review Author Training attendees by year (1st April 2015 to 31st March 2021)

Clinical Trial Data Retrieval Training

Cochrane UK hosted a virtual workshop, 'Identifying unpublished trial data: trial registers, clinical study reports and other information sources', for Cochrane Information Specialists. This workshop was identified as one of the priority learning needs by the Cochrane Information Specialists Executive.

Amongst the participants were Information Specialists and Information Specialist Assistants from the United Kingdom (14), Australia (3), Colombia (1), Czech Republic (1), Denmark (2), Germany (2), Italy (3), Netherlands (2), Spain (1) and Sweden (1). Priority was given to UK-based Information Specialists and Information Specialist Assistants given the limited capacity of the workshop (up to 30). Five out of 26 participants completed a feedback form and considered the workshop very or extremely helpful.

Virtually Cochrane

As a result of the pandemic, Cochrane UK and Cochrane Ireland were challenged to reimagine the annual symposium and offer an engaging virtual event to all those involved with, or interested in, planning, doing, sharing and using healthcare evidence. Over three days, we hosted a variety of sessions on the theme of 'navigating evidence and uncertainty', featured relevant projects and programmes in a Project Hub, hosted meetings with project representatives and organized two networking sessions.

The organizing committee comprised Cochrane UK and Cochrane Ireland team members and two patient or consumer representatives to ensure that evidence for patients was at the heart of the programme. We appointed conference organizers to provide advice and support to move the event online. The infographic below, Figure 4, provides a summary of the key data from the event.

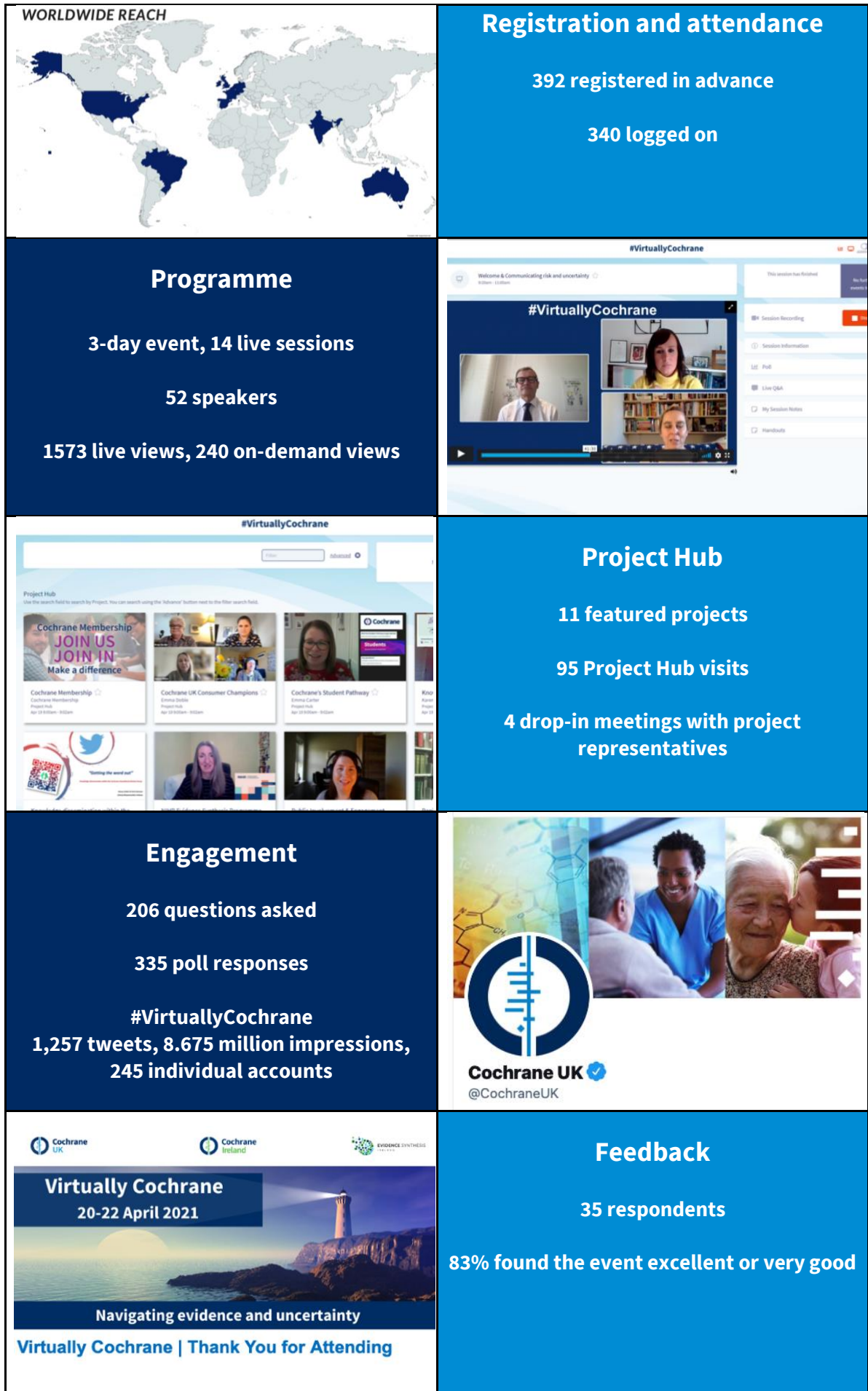


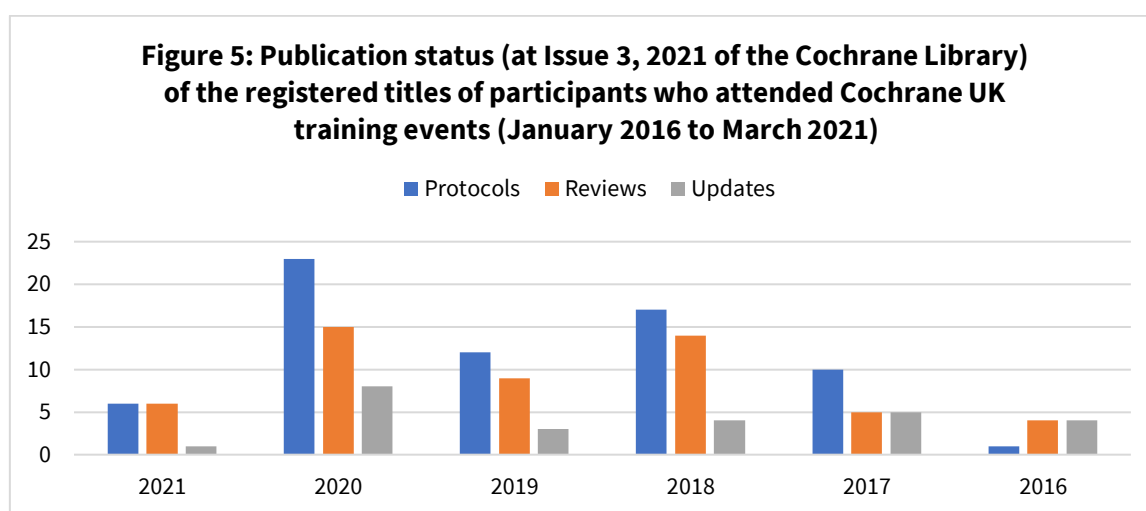
Figure 4 – A summary of key data from the Virtually Cochrane Event

A full programme of the event is available on the Cochrane UK website [here](#) with links to the recordings of the sessions.

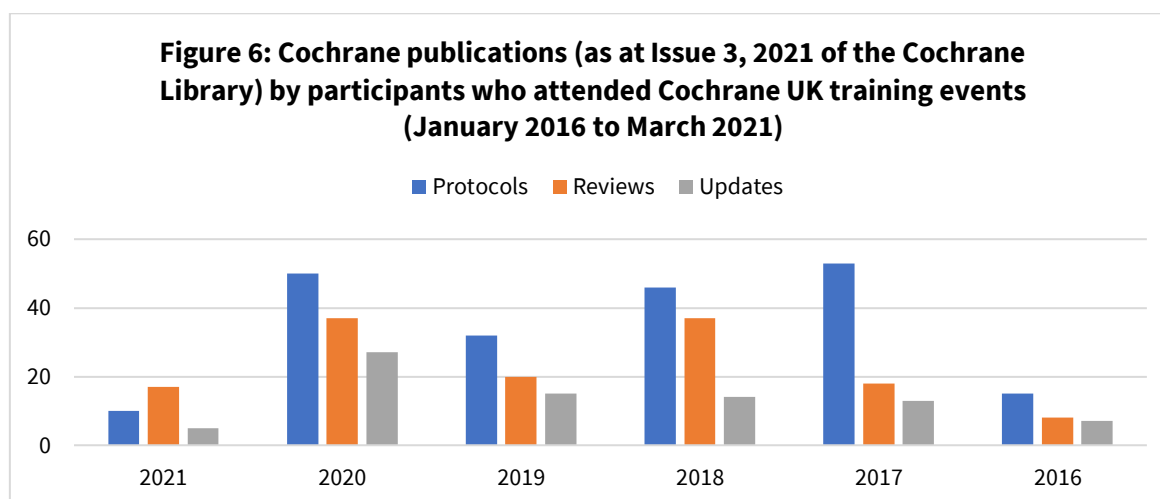
Review Author Publications

One measure we use to monitor the output of the Cochrane UK Review Author training events is to track the review titles registered at the time of attending the training to establish how many achieve publication as a protocol, review or update of a review, using a five-year period as a data set.

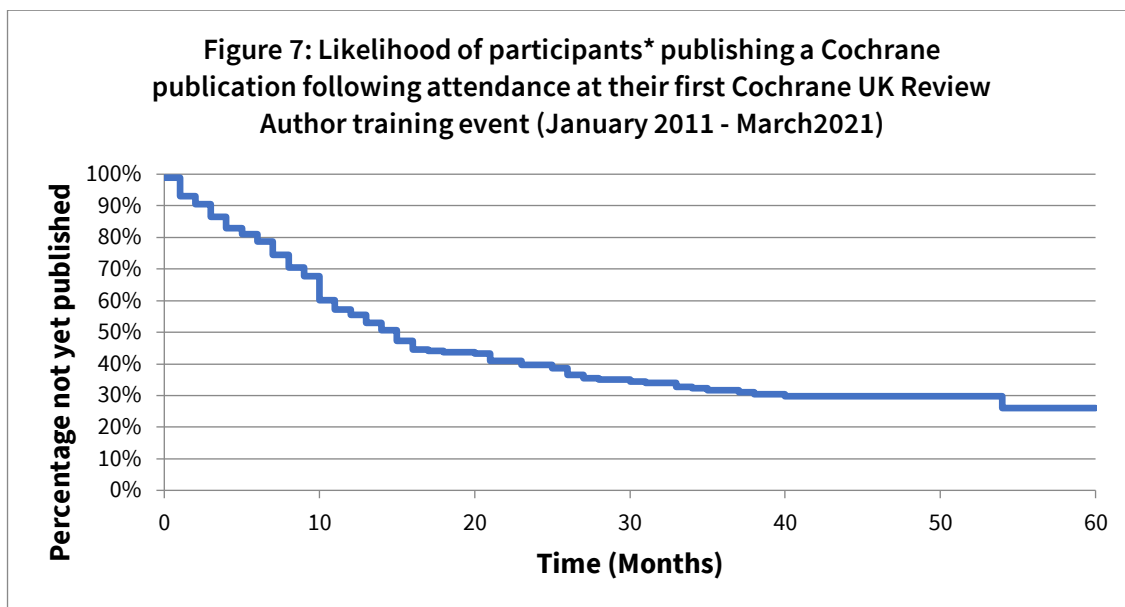
During the five-year period from January 2016 to March 2021, 301 participants attending Cochrane UK training events worked on 235 review titles; just under two-fifths are as yet unpublished (n=89) (Figure 5). Of the 147 that have been published, 69 are protocols (47%), and 78 are reviews (53%) of which 25 are updates.



We identified how many Cochrane publications the authors have achieved during the five-year period of the data set (2016 to 2021). Of the 301 participants who attended Cochrane UK training events between January 2016 and March 2021, about a third have not yet published (n=105) and 196 are named authors on 206 protocols, 137 reviews and 81 review updates (range: one to 13) (Figure 6).



We also calculated how soon after attending their first Cochrane UK Review Author training event (RA1, or RA2 or RA3 or RA4), participants went on to publish a Cochrane publication (a protocol, or review or update of a review). After one year just under half (44%) are likely to have achieved publication; by the end of two years this is likely to have increased to over half (60%); and by the end of the five years almost three-quarters are likely to have published (74%) (Figure 7).



*28 participants with publications prior to attending training have been excluded from this analysis.

Cochrane publications (01 April 2020 to 31 March 2021) by authors from England, Scotland, Wales and the island of Ireland

During the last year, 832 Cochrane publications were made accessible in the Cochrane Library; of these 270 were protocols and 562 were reviews, of which 270 were updates. Half of these (415: 50%) were completed by Cochrane authors from the UK and Ireland.

The majority (90%) were by authors from **England** (373 of 415 publications: 121 protocols and 252 reviews, of which 125 were updates). Seventy-nine authors from **Scotland** completed 55 Cochrane publications: 13 protocols and 42 reviews, of which 23 were updates. Seventeen authors from **Wales** completed 11 Cochrane publications: three protocols and eight reviews, of which four were updates. Twenty-one authors from **Northern Ireland** completed 16 Cochrane publications: two protocols and 14 reviews, of which four were updates. Seventy-eight authors from **Ireland** completed 35 Cochrane publications: nine protocols and 26 reviews, of which seven were updates. A summary of these data is shown in Figures 8, 9 and 10 below.

Figure 8 - Cochrane publications by authors from Scotland, Wales, Northern Ireland and Ireland in the Cochrane Library between 01 April 2020 and 31 March 2021

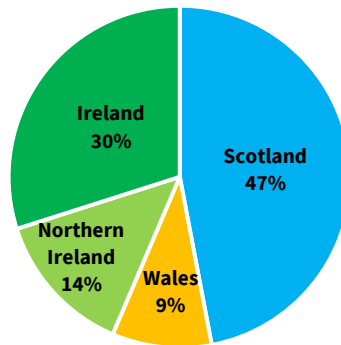


Figure 9 - Cochrane Reviews published by authors from Scotland, Wales, Northern Ireland and Ireland in the Cochrane Library between 01 April 2020 to 31 March 2021

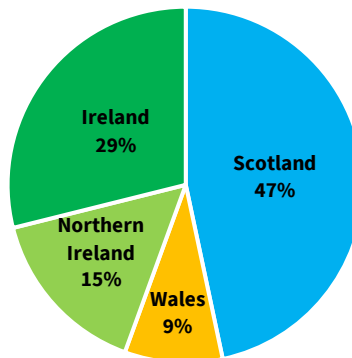
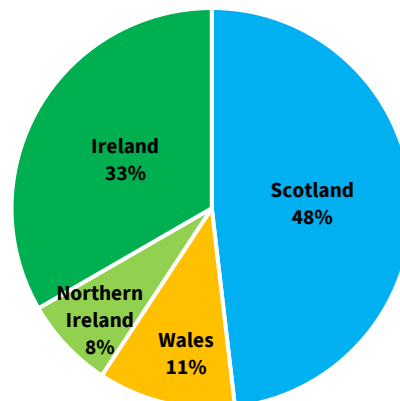


Figure 10 - Cochrane Protocols published by authors from Scotland, Wales, Northern Ireland and Ireland in the Cochrane Library between 01 April 2020 and 31 March 2021



Cochrane Abstract Project

We completed work this year on the first phase of our Cochrane Abstract Project. Lynda Ware, Robert Walton (Cochrane UK Senior Fellows in General Practice) and Martin Burton (Cochrane UK Director) submitted a report to the Editor-in-Chief of the Cochrane Library in March 2021. The Report took the form of a guide to the style and content of each section of a Cochrane Abstract, with suggestions for 'standard text' in each domain. We gave examples where the text from existing abstracts was set alongside alternative text in the new, preferred style. There were several instances where we were uncertain about what to recommend in specific circumstances and so we indicated that the Editor-in-Chief or Cochrane Editorial Board needed to make a decision as a matter of policy on these points before wider dissemination of the guidance. We understand that the Report was well received and await the decisions just mentioned.

There are a number of possible next steps. Converting the document into a practical guide for use by Cochrane authors and Cochrane Review Groups should be straightforward. This can then be supplemented with training materials. For example, a recorded webinar could take authors through the steps, explaining the 'best practice' that we have described and the rationale for it. A second possibility is for us to work on further sections of the guidance. In this first iteration, we focussed on the abstracts reporting the most basic type of Cochrane review - intervention reviews with relatively few included studies. Writing guidance for abstracts of other types of review, with more specialist methods, will be more challenging and time-consuming with consequent resource implications. So far, this project has used Cochrane UK's NIHR resources so is another example of something that the UK has done, and NIHR has funded, as a contribution or gift to the wider global Collaboration (a second example would be the Students 4 Best Evidence Community and website).

Strategic Objective 2: Sharing our evidence

Evidently Cochrane

This year, the audiences have grown for our blog, *Evidently Cochrane*, as it continues to provide up-to-date, reliable evidence, often alongside experience, to help people make informed health decisions. Combining evidence with expertise and experience is a feature of many of our blogs and one which continues to be highly valued by our audiences. Blogs were written or included comments by healthcare professionals or health researchers, patients and others with lived experience of health conditions, Cochrane Review Group editorial staff and Cochrane UK staff and associated Fellows.

During this period, the website had over 2.2 million page views, up 114% from the previous year (2,238,706 vs 1,044,991). We also continue to see some indication of the impact the blogs can have, as people engage with them through the comments facility and on social media.

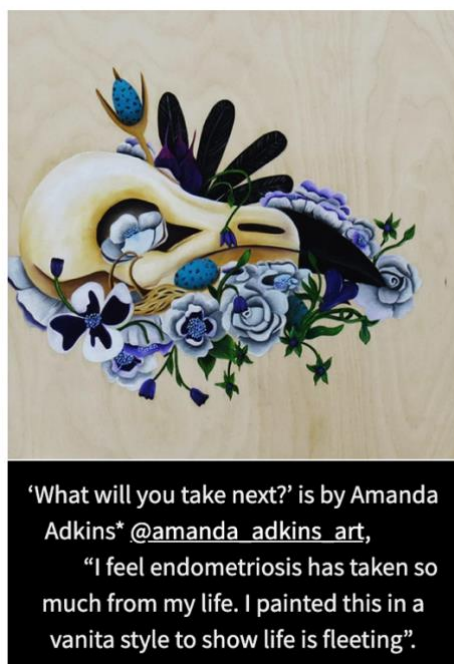
We published 73 new *Evidently Cochrane* blogs, including the 500th *Evidently Cochrane* blog, "Evidence to impact: reflections on the impact of sharing evidence in blogs", coinciding with the inaugural World Evidence-Based Healthcare Day on 20th October 2020. We also continue to revise existing blogs in the light of new Cochrane evidence, ensuring that they remain up to date and

useful. The new blogs highlighted 177 reviews across the range of Cochrane’s output, including Network Meta-Analyses, Diagnostic Test Accuracy Reviews, Prognosis Reviews, Qualitative Evidence Syntheses, Methodology Reviews, Living Systematic Reviews, Rapid Reviews, Scoping Reviews and Overviews, from 37 Cochrane Review Groups (23 UK based). Twenty-three blogs were linked to national and international guidelines or policy documents and 32 blogs were linked to health awareness events or campaigns, NHS priorities or topical news.

Special series

We had two special series lasting a month each: ‘Contemplating Cancer’, featuring seven blogs (November 2020; reported to ESPAG in December 2020) and ‘My Endometriosis Question’, featuring eight blogs (March 2021).

The ‘[My Endometriosis Question](#)’ series was created in collaboration with Cochrane Gynaecology and Fertility, sharing blogs that include relevant Cochrane evidence and other information to help inform people’s decisions about endometriosis diagnosis and treatment. With permission, we illustrated the blogs using artwork depicting lived experience of endometriosis. An example is shown below.



The series also included three live one-hour Question and Answer sessions on Twitter. We invited anyone interested in, or affected by, endometriosis to submit their questions about endometriosis, via social media, to a panel of experts. The panel included three women with lived experience of endometriosis and several medical specialists. Throughout the month, the panel answered over 250 questions: providing information about endometriosis, relevant evidence and guidelines, and tips for individuals discussing endometriosis with their own health professional.

We published the final blog in our occasional special series, *Understanding Evidence*, ‘[“Oh, really?”: 12 things to help you question health advice](#)’. Each blog in this series illustrates one of the ‘Key Concepts’ developed by the Informed Health Choices project team using examples from Cochrane Reviews. The blogs aim to encourage individuals to question (potentially dubious) health claims they observe in the media or elsewhere.

COVID-19 response (from March 2020)

Evidently Cochrane, Cochrane UK's blog, provides a platform to share evidence quickly and accessibly in response to new and topical evidence. As Cochrane continues to produce Rapid Reviews and other evidence in response to the pandemic, we have continued to publish blogs to help the public understand the evidence behind public health guidance and Government policy on COVID-19 and how it applies to our daily lives in times of pandemic. To date, we have published 23 blogs relating to COVID-19. As with all our blogs, these are updated when the reviews are updated or when there are new reviews to add.

One of these is a 'living' round-up blog on COVID-19 related reviews. We regularly update this to reflect newly published and updated reviews and to maintain currency with the latest iterations of Cochrane COVID-19 Living Systematic Reviews.

'Dissemination Champions' training

After participating in training for the first cohort of 'Dissemination Champions' in 2020, Sarah Chapman and Selena Ryan-Vig will deliver a training module to this year's cohort, alongside two other Cochrane colleagues. The Cochrane-wide training programme focusses on how to improve dissemination products and activities.

Choosing images for sharing evidence: a guide

Following the launch of [Choosing images for sharing evidence: a guide](#) in October 2020, Sarah Chapman and Selena Ryan-Vig have delivered three presentations about this resource to colleagues working on knowledge translation projects within Cochrane as well as anyone interested. Sarah and Selena developed the guide with input from colleagues across Cochrane. It is available on the Cochrane Training website for the wider Cochrane Community.

Knowledge Translation (KT) mentoring scheme

In November 2020, Sarah Chapman and Selena Ryan-Vig began working as mentors on Cochrane's annual KT mentoring scheme, which connects people planning or running a KT project or activity within Cochrane (mentees) with people with experience of delivering such activities (the mentors). Sarah and Selena have been working with their mentees for 60 to 90 minutes per month, giving guidance and feedback on a number of KT products and activities. For example, supporting another Geographic Centre to begin producing, translating and sharing blogshots on social media. The scheme is due to end by the summer of 2021.

Working with the media

There were 13,510 pieces of media coverage mentioning Cochrane across the world in this year, with over 2,000 mentions in the UK. COVID-19 has dominated the headlines, with high interest in health media stories about the pandemic.

An update on media coverage between April 2020 and December 2020 was included in the report to ESPAG in December. In March 2021, a Cochrane Review on **Rapid Point of Care Tests** was published. The findings of this review were topical and timely, as the UK's COVID-19 testing

strategy was launched. This led to over 300 media mentions including in The Times, Guardian, Telegraph and Mail.

Other Cochrane Reviews about COVID-19 were shared with the UK media as they published. A full list of those that have been disseminated is [here](#). More generally, we have briefed journalists to support various articles, including this article in [Nature Magazine](#), “How COVID broke the evidence pipeline” and the [accompanying editorial](#).

A Cochrane Review providing evidence about the **benefits of giving up smoking on mental health was published in March 2021 to coincide with No Smoking Day in the UK**. [You and Yours on BBC Radio 4, covered this](#) and included a patient telling their personal story.

Strategic Objective 3: Promoting awareness and understanding of healthcare research and evidence

Teaching secondary school pupils about Evidence-Based Medicine

As a result of the pandemic, we were unable to visit schools in person, requiring us to adapt and provide sessions online. As a result, we have been able to extend the programme across the UK, removing limitations on travel and the associated time and expense.

This year, Lynda Ware and Selena Ryan-Vig delivered four online sessions, reaching over 900 students in years 10 to 12 (the majority being year 12 students with an interest in studying medicine). The sessions aim to encourage critical thinking about healthcare claims, particularly those in the media, and to introduce students to Evidence-Based Medicine. This has included:

- an interactive presentation, hosted by Science Oxford as part of a range of activities for STEM week (Science, Technology, Engineering and Mathematics), for years 10 and 11 students interested in science;
- a presentation at a virtual conference for over 700 sixth-form students in the West Midlands who want to study medicine, organized by the Birmingham University Widening Access to Medical Sciences Society;
- a session for Highers students from multiple schools in Scotland wanting to study medicine, organized by REACH Edinburgh, a widening participation scheme co-ordinated by Edinburgh University;
- a medics conference for around 170 sixth-form students from various Oxfordshire schools, organized by Oxford High School.

We have established relationships with the ‘Widening Participation’ co-ordinators of several medical schools across the UK. In the summer of 2021, we are due to deliver sessions at conferences and events, arranged by a variety of medical schools, including Brighton and Sussex, Imperial College, Cambridge and Glasgow.

The online recording of our presentation, [An Introduction to Evidence-Based Medicine](#) (published in June 2020; reported to ESPAG in December 2020) continues to be viewed and shared. To date, it has had around 3000 views.

Community talks

Cochrane UK community talks are now targeted at University of the Third Age (U3A) groups in order to reach larger, more diverse audiences than previously. Many of their meetings were postponed due to the pandemic and rescheduled to take place virtually. Lynda Ware spoke at a Thame U3A meeting in April 2021 with enthusiastic feedback:

“I just wanted to personally say "thank you", and also on behalf of our Group, for your thought-provoking and informative talk yesterday morning. Your presentation certainly fulfilled the u3a ethos of 'Learn, Laugh and Live'”.

- John Sutton, Programme Secretary, Thame and District U3A

We have made contact with eleven out of the twelve UK U3A regions and have four dates fixed for virtual talks in 2021 and two in 2022.

Students 4 Best Evidence (S4BE)

In December 2020, Cochrane launched a new ‘student pathway’ to guide students through the range of ways to get involved with the Cochrane Community. These include:

- access to the online learning module, an introduction to health evidence and systematic reviews,
- engagement with the S4BE network,
- volunteering via Cochrane Crowd,
- volunteering via Task Exchange,
- volunteering as part of the Wikipedia project.

Students are now able to log their contributions to each of these tasks via a Cochrane membership account, with each contribution adding to an individual membership portfolio.

The S4BE brand is now owned and overseen by the Cochrane Central team but remains separate and distinct from the Cochrane brand. The new pathway provides clearer links between contributions to S4BE and the work of Cochrane; for example, publishing a blog on S4BE provides a full year of Cochrane membership. The pathway provides more opportunities for students to get involved with the work of Cochrane and stay engaged and join other Cochrane Groups and Networks beyond graduation.

Emma Carter at Cochrane UK manages the English language version of the S4BE website, which now has over 600 blogs written by nearly 300 students. Over the last year, the website has had over a million unique page views, the most viewed blogs being tutorials and fundamentals such as “A beginners guide to standard deviation and standard error”, which has received nearly 10% of the total page views for the year.

Among the variety of blogs published over the last year, we have had two groups of students work with either a Cochrane author, or their educational supervisor, to summarize and add context to two Cochrane Reviews focussing on students. Those topics were “Psychological interventions to

foster resilience in healthcare students” and “Interventions for improving medical students’ interpersonal communication in medical consultations”.

We are delighted that the Spanish-language S4BE blog was launched in November 2020, followed by the Portuguese-language blog launching in June 2021. The aim is for the multi-lingual platform to continue to grow, offering more languages and more students the opportunity to participate, connect and learn in their first language.

In 2017, we hosted a fellowship for Cochrane Rehabilitation and we were delighted to welcome Chiara Arienti to our team for three months. Chiara is now the Co-ordinator of the Cochrane Rehabilitation Field and has [recently published her findings](#) from an observational study, in which she used the S4BE blog as a clinical competencies educational tool for physiotherapy students. She reported a significant improvement in the students’ evidence-based practice (EBP) competencies after they had participated in this EBP laboratory training.

Cochrane UK Consumer Champions Project

The Cochrane UK Consumer Champions pilot project was launched in 2020 with the aims of:

- developing links with a wider group and network of healthcare consumers
- raising awareness of evidence in general, and Cochrane in particular, among consumer groups and organizations
- promoting patient and public involvement within Cochrane.

The project is co-ordinated by Emma Doble, Patient and Consumer Co-ordinator and Marta Santos, Programme Support Officer.

Recruitment and Engagement

Between October and November 2020, we recruited four Consumer Champions with lived experience of different health conditions and an interest in evidence-based health care: Brian Devlin, Ceri Dare, Genna White and Olivia Fulton. The Champions have undertaken an average of four to eight hours of Cochrane UK work per month and are paid for their time.

Learning and Development

The Champions participated in learning and development activities to improve their understanding of Cochrane, develop skills and set individual and collective goals, including:

- an introductory workshop followed by meetings with members of the Cochrane UK team
- monthly meetings with the Project Co-ordinators with additional follow-up to share additional resources based on individual learning needs
- a Dissemination Training course delivered by Cochrane’s Knowledge Translation team (one Consumer Champion only)
- peer reviewing Cochrane Systematic Reviews.

Progress and activities

The Champions have been involved in a number of areas of work within Cochrane UK, including:

- a social media strategy to reach patient communities and share resources
- involvement in the organization and delivery of the 2021 Cochrane UK and Cochrane Ireland online conference, “Virtually Cochrane”
- a survey of their respective healthcare communities to gauge knowledge of Cochrane and preferences in relation to accessing health information
- writing *Evidently Cochrane* blogs
- participation in the Cochrane Plain Language Summaries Project evaluation
- Sharing consumer peer review tasks from Cochrane TaskExchange with their communities.

Evaluation

We are gathering data to provide an interim evaluation of the Consumer Champions Project, which will be published in the coming months.

Cochrane UK Fellowship programme

The work of the UK trainees has continued to be impacted by the COVID-19 pandemic. In the period December 2020 to April 2021 our Cochrane UK Fellow, Rebecca Gould, published two blogs on *Evidently Cochrane* and held two journal clubs on Twitter:

- Cochrane Systematic Reviews – a practical guide for junior doctors
- Antibiotic therapy vs appendectomy for treatment of uncomplicated acute appendicitis - the APPAC randomized clinical trial

Rebecca completed her Oxford Deanery Cochrane UK Fellowship in May 2021; however, she will be continuing to work with the team one day per week. We are currently advertising for a new Health Education Thames Valley (formerly the Oxford Deanery) Cochrane UK Fellow.

Strategic Objective 4: Developing a programme to evaluate our activities

Evaluating the usefulness and value of *Evidently Cochrane* to users of the site

As an evidence-based organization, we are interested in developing, testing and evaluating the products and formats we use to build an evidence base to inform our work and maximize the usefulness of it. *Evidently Cochrane* is one of our key dissemination products, consuming a relatively high level of time and resources. It is, therefore, important to explore the potential usefulness and value to the users of the blogs published on this site.

To explore these questions, Cochrane UK's Knowledge Brokers, Sarah Chapman and Selena Ryan-Vig, worked with an independent qualitative researcher, Fran Toye, to complete a qualitative research project. We analysed reader comments from the five *Evidently Cochrane* blogs which have attracted the most comments:

1. Living and dying well after stroke
2. Pregnancy after stillbirth: experience and evidence gaps
3. Tubal flushing: might it help you get pregnant?
4. Everything I needed to know about the menopause... no one told me
5. Frozen shoulder: making choices about treatment

We obtained ethical permission and the bloggers gave permission for their blogs to be analysed. We used the comments from these blogs as the data (463 comments, almost 59,000 words).

We ‘coded’ the data - distilling the meaning of each bit of narrative into a few words - and then organized these ‘codes’ into themes and overarching categories. The bloggers also contributed to the analysis. A full report is available here - [Experiencing Cochrane UK ‘Evidently Cochrane’ blogs: a qualitative analysis of online data to explore the value of health research blogs.](#)

The qualitative analysis has offered some insights into how people experience the blogs, we have documented this in a blog, “[What do readers get from Evidently Cochrane blogs and how could they be made more useful?](#)”. The findings suggest that people use the blogs in three main ways:

1. to negotiate ambiguity and uncertainty in health decision-making
2. to voice suffering
3. as a community, where suffering is shared and where support can be given and received.

These insights have enabled us to introduce changes to make the blogs more useful to readers, such as signposting further sources of reliable information and offering prompts to help readers think about and discuss treatment options. These changes have been incorporated into the “[Guide to blogging for Evidently Cochrane](#)”, which we ask all bloggers to follow and which we substantially revised in February 2021. This was our first qualitative research project aimed at evaluating our knowledge translation to inform how we develop future offerings.

Use of Cochrane Reviews to inform guidelines

Use of Cochrane Reviews to inform UK-published healthcare guidance (NICE Guidance, SIGN guidelines)

One method we use to monitor the impact of Cochrane Reviews in healthcare decision-making is to identify where they have been used to **inform evidence-based clinical guidelines**. We continue to check guideline developers’ websites to capture newly published guidelines. This maintains the currency of the Cochrane UK guidelines data set of Cochrane Reviews that have informed healthcare guidance worldwide. Our data include a subset on UK-published guidance.

NICE Clinical Guidelines

In the reporting period (April 2020 to March 2021), NICE has published three new clinical guidelines and 21 updates: **17 (81 %)** of these have been informed by **296** Cochrane Reviews from 25 Cochrane Review Groups (16 UK based).

NICE Public Health Guidance

NICE has also published one new Public Health Guidance document which was not informed by Cochrane Reviews.

NICE Social Care Guideline

NICE has also published one new Social Care guideline which was not informed by Cochrane Reviews.

NICE Antimicrobial Prescribing Guidelines

NICE has also published three new Antimicrobial Prescribing Guidelines: **two (66%)** of these were informed by **two** Cochrane Reviews from two Cochrane Review Groups (both UK based).

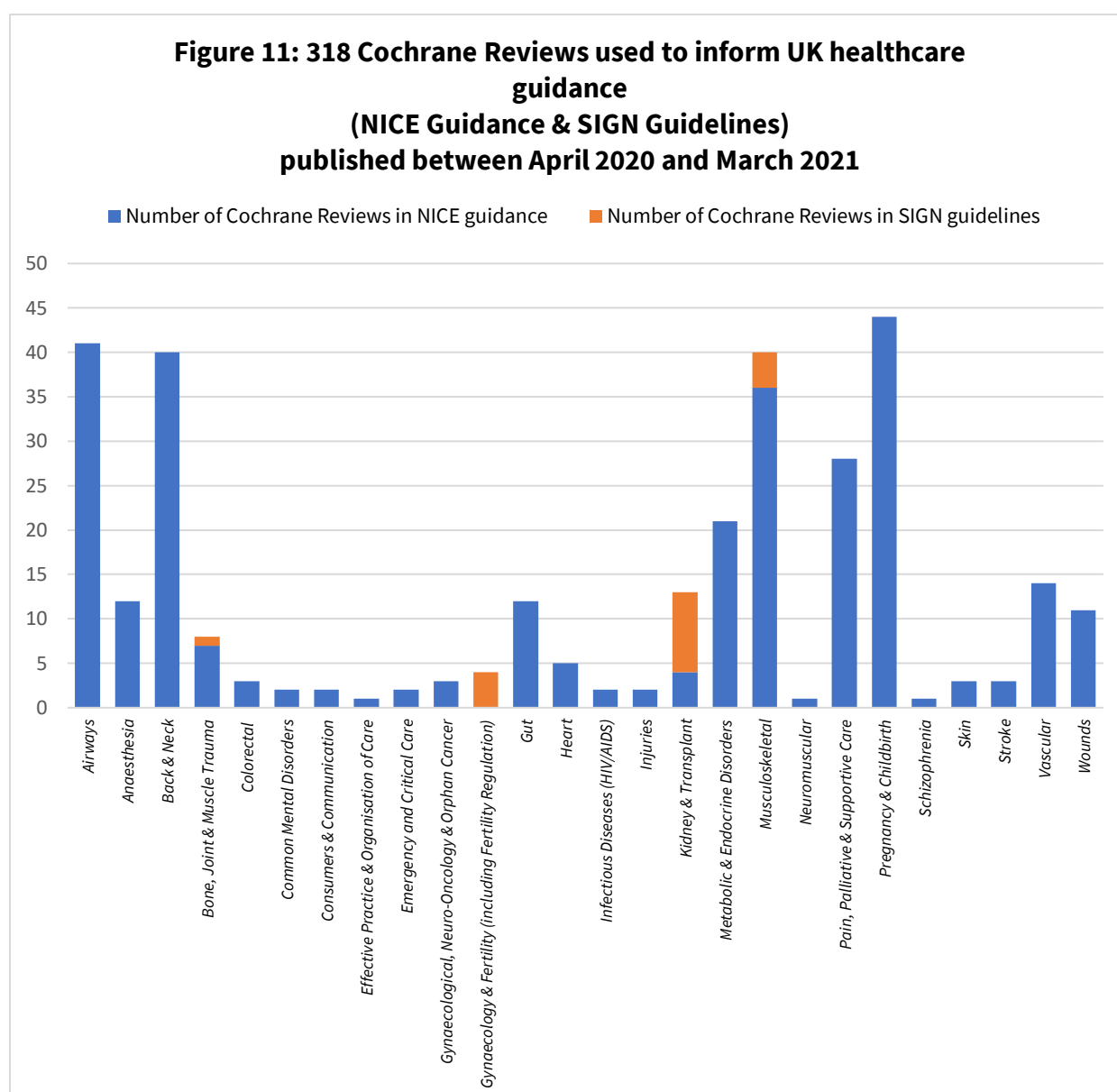
NICE COVID-19 Rapid Guidelines

NICE has also published 21 new COVID-19 Rapid Guidelines (plus multiple updates): **three (14%)** of these have been informed by **two** Cochrane Reviews from two Cochrane Review Groups (one UK based).

SIGN (Scottish Intercollegiate Guidelines Network) Guidelines

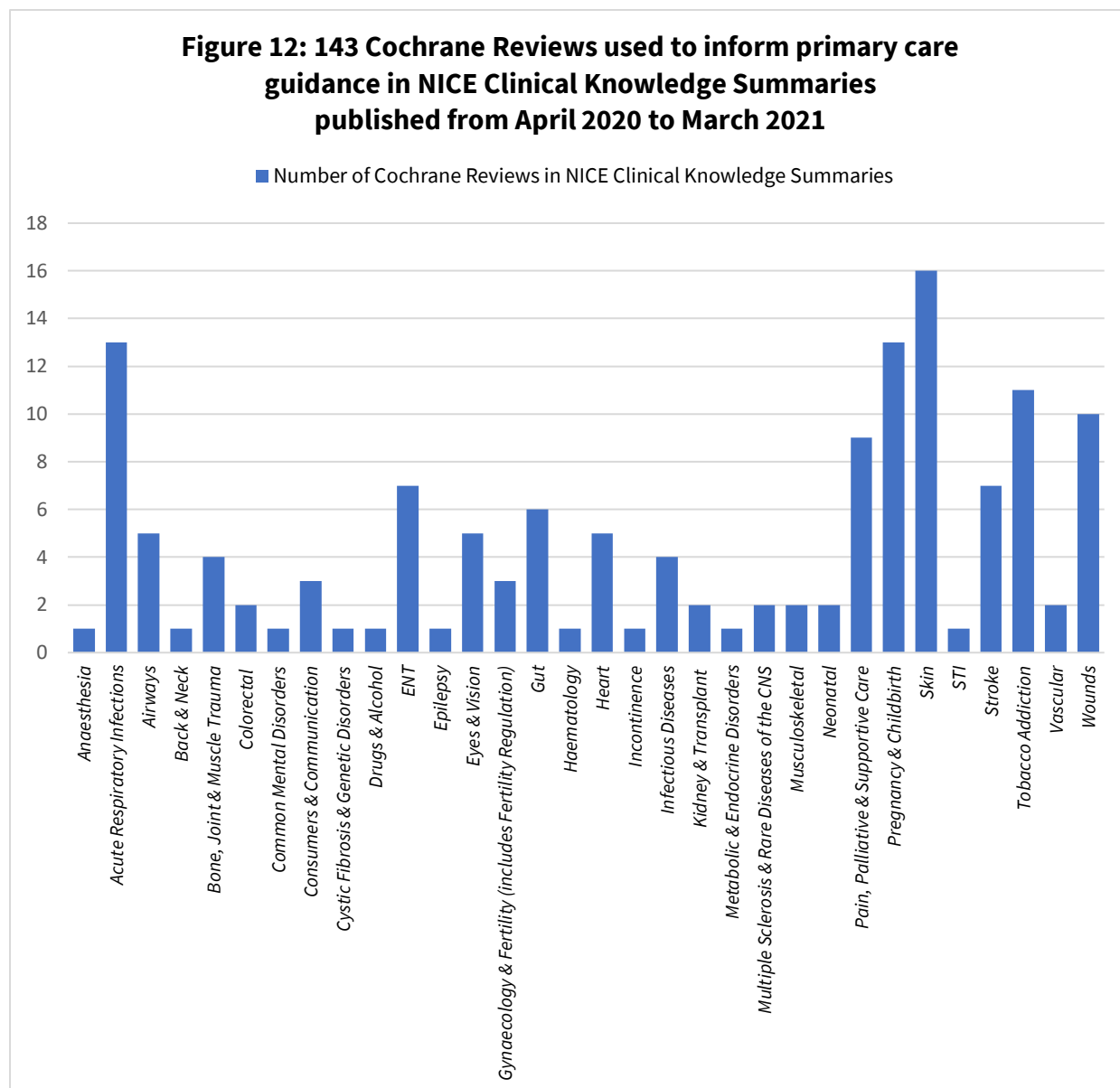
SIGN has published two new guidelines and one update (updated twice in this period): **two (66%)** of which were informed by a total of **18** Cochrane Reviews from four Cochrane Review Groups (one UK based).

Overall, 318 Cochrane Reviews from 25 Cochrane Review Groups (16 UK based) have been used to inform 24 of 53 (45%) UK published guidelines (NICE Clinical Guidelines, NICE Antimicrobial Prescribing Guidelines, NICE COVID-19 Rapid Guidelines and SIGN Guidelines) (see Figure 11). A more detailed breakdown of these data can be found here: [Use of Cochrane Reviews to inform UK-published healthcare guidance.](#)



Are Cochrane Reviews also being used to inform best practice guidance in primary care? (NICE Clinical Knowledge Summaries)

In the reporting period (April 2020 to March 2021), 143 Cochrane Reviews from 32 Cochrane Review Groups (17 UK based) have been used to inform 63 of 165 (38 %) NICE Clinical Knowledge Summaries (see Figure 12).



For more detail on the reviews used to inform NICE Clinical Knowledge Summaries click [here](#).

Cochrane Reviews related to the COVID-19 response

In our December 2020 report, we highlighted the [subset of Cochrane Reviews related to COVID-19](#) and the use of these reviews in clinical guidelines and additional guidance documents. This section provides a brief update of these data.

As at 28 May 2021, there are currently **29 Reviews** included in this subset. Eight of these have been updated at least once since May 2020. Over half of these (**15; 52%**) have been published by **five UK-based Cochrane Review Groups**. Of the 29 published Cochrane Reviews related to COVID-19, authors from England, Scotland, Wales and the island of Ireland have conducted **23 (79%)**.

Are these Cochrane Reviews being used to inform clinical guidelines?

Ten of the **29** reviews (**35%**) by **seven Cochrane Review Groups (three UK-based)** have been used to inform **23 guidelines**. **Eight** reviews have been used in more than one guideline. The most frequently used review to date is:

- Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19: a living systematic review – Cochrane Haematology (with authors from England) **in six guidelines** (four Europe/Scandinavia, one Australia, one China)

Are these Cochrane Reviews being used to inform other guidance? (scientific briefings, policy interim updates, intelligence reports)

Fifteen of the **29** reviews (**52%**) by **eight Cochrane Review Groups (three UK-based)** have been used to inform **59 guidance documents**. **Ten** reviews have been used in more than one report. The two most frequently used reviews to date are:

- Personal protective equipment for preventing highly infectious diseases due to exposure to contaminated body fluids in healthcare staff – Cochrane Work (with authors from England, Ireland and Northern Ireland) **in 14 guidance documents**
- Rapid, point-of-care antigen and molecular-based tests for diagnosis of SARS-CoV-2 infection – Infectious Diseases (with authors from England) **in 13 guidance documents**

For detailed summary tables of Cochrane Reviews related to the COVID-19 response by CRG, country of author, use in guidelines and location of guidelines, click [here](#).

Charting the production of specialist reviews by Cochrane Review Groups

Newer types of Cochrane Reviews tackling complexities in evidence synthesis have recently been introduced, with the aim of enhancing the usefulness of their evidence to healthcare professionals, policy decision makers, guideline developers and all who seek to make informed choices for health and wellbeing. These syntheses, which use specialist methods, include Diagnostic Test Accuracy Reviews, Prognosis Reviews, Qualitative Evidence Syntheses, Network Meta-Analyses and Living Systematic Reviews.

For some types there is now a collection of published reviews available, such as Diagnostic Test Accuracy; others are at the pilot stage of development and production, such as Prognosis Reviews and Living Systematic Reviews.

We have charted whether UK-based Cochrane Review Groups are producing these types of specialist reviews. We have also charted whether authors based in the UK and Ireland are involved in conducting them. In addition, we have monitored whether these types of reviews, once published, are being used to inform clinical guidelines, as one measure of their usefulness to

stakeholders. The following section provides a narrative summary of the production and use of specialist reviews with an option to click through to the data tables with a more detailed breakdown of each section.

Cochrane Diagnostic Test Accuracy (DTA Reviews)

There are currently (Issue 3, 2021 of the Cochrane Library) **234** Cochrane Diagnostic Test Accuracy publications: **83 Protocols** and **151 Reviews**, of which **16** are **updates**. Over half of these (**155; 66%**) have been published by **21 UK-based Cochrane Review Groups**. Of the **151** published Diagnostic Test Accuracy (DTA) Reviews, authors from **England, Scotland, Wales** and the **island of Ireland** have conducted **111 (74%)**.

Are Cochrane Diagnostic Test Accuracy Reviews being used to inform clinical guidelines?

Ninety-three of **151** Cochrane DTA Reviews (**62% by 26 Cochrane Review Groups (14 UK-based)** have been used to inform **210 guidelines**. **55** reviews have been used in more than one guideline. The top three most frequently used reviews, one with authors from England, are:

- Red flags to screen for vertebral fracture in patients presenting with low-back pain - Cochrane Back & Neck, **in 14 guidelines** (10 UK, 4 Europe/Scandinavia)
- Red flags to screen for malignancy in patients with low-back pain – Cochrane Back & Neck, **in 13 guidelines** (8 UK, 3 USA, 2 Europe/Scandinavia)
- Xpert MTB/RIF and Xpert MTB/RIF Ultra for pulmonary tuberculosis and rifampicin resistance in adults – Cochrane Infectious Diseases, **in 13 guidelines** (4 UK, 4 WHO, 3 USA, 1 Canada, 1 South Africa)

Of the **111 DTA Reviews** with a **UK- or Ireland-based author**, **69 (62%)** have been used to inform guidelines. **Overall**, of the **93 DTA Reviews** that have been used to inform guidelines, **69** have **authors** from **UK and Ireland (74%)**.

For detailed summary tables of Cochrane Diagnostic Test Accuracy Review production by CRG, country of author, use in guidelines and location of guidelines, click [here](#).

Cochrane Prognosis Reviews

There are currently (Issue 3, 2021 of the Cochrane Library) **21** Cochrane Prognosis publications: **14 Protocols** and **seven Reviews**. **Eleven** of these (**52%**) have been published by **10 UK-based Cochrane Review Groups**. **Authors from England** (seven reviews) and **Scotland** (one review) are involved in **all seven** of the published Prognosis Reviews (**100%**).

Are Cochrane Prognostic Reviews being used to inform clinical guidelines?

Three of the **seven** Cochrane Prognosis Reviews (**43%**) by **three** Cochrane Review Groups, all with authors from **England**, have been used to inform **four guidelines** (one UK, two Europe/Scandinavia and one USA).

For detailed summary tables of Cochrane Prognostic Review production by CRG, country of author, use in guidelines and location of guidelines, click [here](#).

Cochrane Qualitative Evidence Syntheses

Currently (Issue 3, 2021 of the Cochrane Library) **30 Cochrane Qualitative Evidence Syntheses** have been published: **17 Protocols** and **13 Reviews**. **Twenty-three** of these (**77%**) have been published by **eight UK-based Cochrane Review Groups**. **Authors from England, Wales, Scotland, Ireland** and **Northern Ireland** are involved in **nine** of the **13 (69%)** published Cochrane Qualitative Evidence Syntheses.

Are Cochrane Qualitative Evidence Syntheses being used to inform clinical guidelines?

Six of the **13** Cochrane Qualitative Evidence Syntheses (**46%** by **three Cochrane Review Groups (two UK-based)** have been used to inform **11** guidelines (**two UK** guidelines and **nine** World Health Organization guidelines. Of the **nine** Qualitative Evidence Syntheses with a **UK- or Ireland-based author**, **four (44%)** have been used to inform guidelines. Overall, of the **six** Qualitative Evidence Syntheses that have been used to inform guidelines, **four (67%)** have authors from **England, Wales** and **Ireland**.

For detailed summary tables of Cochrane Qualitative Evidence Syntheses by CRG, country of author, use in guidelines and location of guidelines, click [here](#).

Cochrane Network Meta-Analyses

Currently (Issue 3, 2021 of the Cochrane Library), **117 Cochrane Network Meta-Analyses** have been published: **56 Protocols** and **61 Reviews**, of which **nine** are **updates**. **Fifty-nine** of these (**50%**), of which **seven** are **updates**, have been published by **19 UK-based Cochrane Review Groups**. **Authors** from **England, Scotland** and **Wales** are involved in **46** of the **61** fully published Cochrane Network Meta-Analyses (**75%**).

Are Cochrane Network Meta-Analyses being used to inform clinical guidelines?

Thirty-five of the **61** Cochrane Network Meta-Analyses (**57%**) by **23 Cochrane Review Groups (12 UK-based)** have been used to inform **196 guidelines**. **Twenty-five** reviews have been used in more than one guideline. The top three most frequently used reviews (all with authors from England) are:

- Pharmacological interventions for smoking cessation: an overview and network meta-analysis – Cochrane Tobacco Addiction, **in 42 guidelines** (five UK, nine Europe/Scandinavia, 10 Australia, 11 USA, three Canada, two World, two Malaysia)
- Adverse effects of biologics: a network meta-analysis and Cochrane overview – Cochrane Musculoskeletal, **in 23 guidelines** (nine UK, five Europe/Scandinavia, four Australia, three South America, one Canada, one Singapore)
- Fluoride toothpastes of different concentrations for preventing dental caries – Cochrane Oral Health, **in 16 guidelines** (five UK, four Europe/Scandinavia, three Australia, two USA, one Hong Kong, one Canada)

Of the **46 Cochrane Network Meta-Analyses** with a **UK- or Ireland-based author**, **24 (52%)** have been used to inform guidelines. Overall, of the **35 Cochrane Network Meta-Analyses** that have **informed guidelines**, **24 (69%)** have authors from **England** and **Scotland**.

For detailed summary tables of Cochrane Network Meta-Analyses by CRG, country of author, use in guidelines and location of guidelines, click [here](#).

Cochrane Living Systematic Reviews

Currently (Issue 3, 2021 of the Cochrane Library), there are **27 Cochrane Living Systematic Review publications: 11 Protocols and 16 Reviews. Fifteen** of these (**56%**) have been produced by **six UK-based Cochrane Review Groups** and are being frequently updated (**11 updates**). **Authors** from **England** (12 reviews) and **Ireland** (one review) are involved in **12** of the **16 published Cochrane Living Systematic Reviews (75%)**.

Are Cochrane Living Systematic Reviews being used to inform clinical guidelines?

Eight of the **16 Cochrane Living Systematic Reviews (50%)** by **five Cochrane Review Groups (three UK-based)** have been used to inform **24 guidelines. All eight** have been used in more than one guideline. The top two most frequently used reviews, both with authors from England, are:

- Delayed antibiotic prescriptions for respiratory infections – Cochrane Acute Respiratory Infections, **in seven guidelines** (one UK, four Europe/Scandinavia, one Australia, one USA)
- Convalescent plasma or hyperimmune immunoglobulin for people with COVID-19 – Cochrane Haematology, **in six guidelines** (four Europe/Scandinavia, one Australia (multiple updates), one China)

Of the **12 Living Systematic Reviews** with a **UK or Ireland-based author, five (42%)** have been used in guidelines, all with authors from England. Overall, of the **eight** Living Systematic Reviews that have informed guidelines, **five (63%)** have authors from the UK (**England**).

For detailed summary tables of Cochrane Living Systematic Reviews published by CRG, country of author, use in guidelines and location of guidelines, click [here](#).

Use of the Cochrane UK guideline dataset to provide information to the Cochrane Community and other stakeholders (October 2020 to May 2021)

Central Cochrane

As part of Cochrane’s ongoing collaboration with the World Health Organization (WHO), we provided data to Cochrane’s Advocacy and Partnership Officer, Emma Thompson, detailing the use of Cochrane Reviews to inform WHO accredited guidelines. Cochrane Reviews continue to be used consistently within WHO guidelines, with 44 reviews from 14 Cochrane Review Groups being used to inform 19 of 22 (86%) WHO accredited guidelines in the year 2020.

In addition to these data, we also gathered and forwarded data relating to the use of Cochrane Reviews in COVID-19 WHO technical guidance publications.

Cochrane Review Groups

In addition to our usual annual provision of guideline data to all Cochrane Review Groups, we continue to provide a bespoke service in response to specific requests.

The Cochrane Work Group wanted to assess the use of their reviews in guidelines, with particular interest in the review, “Interventions to improve return to work in depressed people”. We provided data on the use of their reviews in guidelines, impact data on the specific use of 16 Cochrane Work Reviews in a World Health Organization (WHO) report relevant to their review of interest, and a summary of the use of their recently updated COVID-19 related Review, “Personal protective equipment for preventing highly infectious diseases due to exposure to contaminated body fluids in healthcare staff” in other guidance documents.

We were able to support **Cochrane Airways’** submission for a programme grant in March 2021, by providing data from the guideline dataset on a small subset of their relevant reviews.

National Institute for Health and Care Excellence (NICE)

Nichole Taske (Associate Director for Methods & Economics at NICE) requested guideline data for an upcoming meeting with the NICE Executive Team, to highlight the value of Cochrane evidence in NICE guideline development. We analysed a large dataset and provided summary information, which included the use of Cochrane Reviews to inform NICE guidelines and other NICE guidance documents over a five-year period, figures for each Cochrane Review Group, a subset of data relating to Cochrane Reviews with specialist methods, and overall figures for Cochrane Review publications in the last five years.

Staff Update

Throughout this year, the Cochrane UK team have worked from home and delivered training and attended meetings online. We are making plans to return to the office in a flexible way that provides the opportunity for the team to work together in the same space, which has been much missed, whilst offering the option to work from home part time and reduce travel on some days.

Appendices

Use of Cochrane Reviews to inform UK-published healthcare guidance (NICE Guidance, SIGN guidelines)

- maximum number of reviews used from any one Cochrane Review Group is 44 (Pregnancy and Childbirth)
- maximum number of reviews from any one Cochrane Review Group to inform any one guideline is 41 (Airways; NG80 – Asthma: diagnosis, monitoring and chronic asthma management)
- six guidelines have used over 15 Cochrane Reviews to inform their guidance:
 - **Perioperative care in adults (NICE NG180)** has used **48 reviews**: 21 Pain, Palliative and Supportive Care, eight Anaesthesia, six Vascular, two Bone, Joint and Muscle Trauma, two Kidney and Transplant, one Back and Neck, one Colorectal, one Effective Practice and Organisation of Care, one Gynaecological, Neuro-oncology and Orphan Cancer, one Injuries, one Metabolic and Endocrine, one Pregnancy and Childbirth, one Gut, one Wounds.
 - **Low back pain and sciatica in over 16s: assessment and management (NICE NG59)** has used **46 reviews**: 39 Back and Neck, six Pain, Palliative and Supportive Care, one Neuromuscular.
 - **Asthma: diagnosis, monitoring and chronic asthma management (NICE NG80)** has used **42 reviews**: 41 Airways, one Consumers and Communication.
 - **Caesarean birth (NICE NG192)** has used **40 reviews**: 37 Pregnancy and Childbirth, one Common Mental Disorders, one HIV/AIDS, one Wounds.
 - **Rheumatoid arthritis in adults: management (NICE NG100)** has used **16 Musculoskeletal reviews**.
 - **Osteoarthritis: care and management in adults (NICE CG177)** has used **16 reviews**: 15 Musculoskeletal, one Consumers and Communication.

[Read more about the use of Cochrane Reviews to inform UK-published healthcare guidance \(NICE Guidance, SIGN guidelines\).](#)

Are Cochrane Reviews also being used to inform best practice guidance in primary care? (NICE Clinical Knowledge Summaries)

- maximum number of reviews used from any one Cochrane Review Group is 16 (Skin)
- maximum number of reviews from any one Cochrane Review Group to inform any one Clinical Knowledge Summary is 11 (Tobacco Addiction)
- The top four Clinical Knowledge Summaries using the highest number of Cochrane Reviews are:
 - Clinical Knowledge Summaries: Smoking Cessation (using 11 Cochrane Tobacco Addiction Reviews)
 - Clinical Knowledge Summaries: Sinusitis (using nine Cochrane Reviews: five Acute Respiratory Infections; four ENT)
 - Clinical Knowledge Summaries: Leg ulcer-venous (using eight Cochrane Wounds Reviews)
 - Clinical Knowledge Summaries: Stroke and TIA (using eight Cochrane Reviews: seven Stroke; one Heart)

[Read more about how Cochrane Reviews are being used to inform best practice guidance in primary care \(NICE Clinical Knowledge Summaries\)](#)

Cochrane Reviews related to the COVID-19 response

UK Cochrane Review Groups (n=25)	Reviews	Updates	Totals
Effective Practice & Organisation of Care	2		2
ENT; Oral Health *	3		3
Heart	1		1
Infectious Diseases	8	5	8
Oral Health	1		1
TOTALS	15	5	15

* 3 Cochrane Reviews were jointly authored by the Cochrane ENT Group and Cochrane Oral Health Group.

	Number of COVID-19 Reviews with UK- or Ireland-based authors
England	21
Scotland	4
Ireland	5
Northern Ireland	1

Are COVID-19 reviews being used to inform clinical guidelines?

Guidelines by location	Number of guidelines informed by Cochrane COVID-19 evidence
Australia	3
Canada	1
China	2
Europe/Scandinavia	9
UK (including 2 NICE)	4
USA	4
TOTAL	23

Are COVID-19 reviews being used to inform other guidance? (scientific briefings, policy interim updates, intelligence reports)

Guidance documents by location	Number of guidance documents informed by Cochrane COVID-19 evidence
Africa	1
Australia	1
Canada	4
Europe/Scandinavia	15
South America	3
UK	9
USA	5
World Health Organization	15
World (unspecified)	6
TOTAL	59

[Read more about Cochrane Reviews related to the COVID-19 response.](#)

Charting the production of specialist reviews by Cochrane Review Groups

Diagnostic Test Accuracy (DTA) Reviews

UK Cochrane Review Groups (n=25)	Protocols	Reviews	Updates	Totals
Airways	1	2	1	3
Bone, Joint & Muscle Trauma	0	3		3
Common Mental Disorders	1	0		1
Cystic Fibrosis & Genetic Disorders	1	1		2
Dementia & Cognitive Improvement	7	23		30
Developmental, Psychosocial & Learning Problems	1	1		2
ENT	3	0		3
Epilepsy	1	0		1
Eyes & Vision	2	4	1	6
Gynaecological, Neuro-oncology & Orphan Cancers	8	9	3	17
Incontinence	1	0		1
Infectious Diseases (includes HIV/AIDS)	10	19	10	29
Injuries	0	2		2
Neuromuscular	1	0		1
Oral Health	1	7		8
Pregnancy & Childbirth	2	8		10
Schizophrenia	2	2		4
Skin	1	12		13
Stroke	3	4		7
Tobacco Addiction	1	0		1
Vascular	7	4		11
TOTALS	54	101	15	155

	Number of DTA Reviews with UK- or Ireland-based authors
England	108
Scotland	27
Wales	8
Ireland	3
Northern Ireland	1

Are Cochrane Diagnostic Test Accuracy Reviews being used to inform clinical guidelines?

Cochrane Review Group	Number of DTA Reviews in guidelines	Number of DTA Reviews in more than one guideline
Acute Respiratory Infections	2	1 in 5; 1 in 4
Airways	1	1 in 4
Anaesthesia	1	1 in 2
Back & Neck	4	1 in 14; 1 in 13; 1 in 6; 1 in 2
Bone, Joint & Muscle Trauma	3	2 in 4
Childhood Cancer	1	
Colorectal	2	1 in 7
Dementia & Cognitive Improvement	17	1 in 6; 2 in 4; 2 in 3; 6 in 2
Developmental, Psychosocial & Learning Problems	1	
Emergency & Critical Care	2	
Eyes & Vision	2	1 in 3
Gut	5	1 in 7; 1 in 4; 1 in 2
Gynaecological, Neuro-Oncology & Orphan Cancer	7	1 in 5; 2 in 3; 1 in 2
Gynaecology & Fertility	5	1 in 6; 1 in 2
Hepato-Biliary	5	1 in 7; 1 in 6; 1 in 5
Infectious Diseases	10	1 in 13; 1 in 5; 1 in 3; 3 in 2
Injuries	2	1 in 7; 1 in 2
Kidney & Transplant	3	1 in 2
Lung Cancer	1	
Oral Health	2	1 in 4; 1 in 3
Pregnancy & Childbirth	1	1 in 2
Schizophrenia	1	
Skin	7	2 in 2
Stroke	4	1 in 8; 2 in 2
Urology	1	1 in 5
Vascular	3	1 in 6; 1 in 4
TOTAL	93	1 in 14; 2 in 13; 1 in 8; 4 in 7; 5 in 6; 5 in 5; 9 in 4; 7 in 3; 21 in 2

Guidelines by location	Number of guidelines informed by Cochrane DTA Reviews
Australia	4
Canada	10
China	2
Europe/Scandinavia	64
Ireland	1
Korea	2
Mexico	1
Russian Federation	3
Singapore	1
South Africa	1
South America	1
UK (including 22 NICE; 13 Clinical Knowledge Summaries)	56
USA	52
World Health Organization	8
World (unspecified)	4
TOTAL	210

	Number of DTA Reviews with UK- or Ireland-based authors used in guidelines
England	66
Scotland	17
Wales	5
Ireland	3
Northern Ireland	1

[Read more about Cochrane Diagnostic Test Accuracy \(DTA\) Reviews.](#)

Cochrane Prognosis Reviews

UK Cochrane Review Groups (n=25)	Protocols	Reviews	Updates	Totals
Airways	1	0		1
Common Mental Disorders	1	0		1
Dementia & Cognitive Improvement	0	1		1
Developmental, Psychosocial & Learning Problems	1	0		1
Epilepsy	2	0		2
Eyes & Vision	1	0		1
Gynaecological, Neuro-oncology & Orphan Cancers	0	1		1
Heart	1	0		1
Vascular	1	0		1
Wounds	0	1		1
TOTALS	8	3	0	11

	Number of Prognosis Reviews with UK- or Ireland-based authors
England	7
Scotland	1

Are Cochrane Prognosis Reviews being used to inform clinical guidelines?

Cochrane Review Group	Number of Prognosis Reviews in guidelines	Number of Prognosis Reviews in more than one guideline
Back & Neck	1	
Haematology	1	1 in 2
Metabolic & Endocrine Disorders	1	
TOTAL	3	1 in 2

Guidelines by location	Number of guidelines informed by Cochrane Prognosis Reviews
Europe/Scandinavia	2
UK (Public Health England)	1
USA	1
TOTAL	4

	Number of Prognosis Reviews with UK- or Ireland-based authors used in guidelines
England	3

[Read more about Cochrane Prognosis Reviews.](#)

Cochrane Qualitative Evidence Syntheses

UK Cochrane Review Groups (n=26)	Protocols	Reviews	Updates	Totals
Airways	1	0		1
Common Mental Disorders	2	0		2
Developmental, Psychosocial & Learning Problems	1	0		1
Effective Practice & Organisation of Care	7	7		14
Infectious Diseases	2	0		2
Methodology	0	1		1
Pregnancy & Childbirth	0	1		1
Tobacco Addiction	0	1		1
TOTALS	13	10		23

	Number of Qualitative Evidence Syntheses with UK- or Ireland-based authors
England	6
Wales	4
Scotland	1
Ireland	2
Northern Ireland	1

Are Cochrane Qualitative Evidence Syntheses being used to inform clinical guidelines?

Cochrane Review Group	Number of Qualitative Evidence Syntheses in guidelines	Number of Qualitative Evidence Syntheses in more than one guideline
Consumers & Communication	1	
Effective Practice & Organisation of Care	4	1 in 5; 2 in 2
Pregnancy & Childbirth	1	
TOTAL	6	1 in 5; 2 in 2

Guidelines by location	Number of Guidelines informed by Cochrane Qualitative Evidence Syntheses
UK (Royal College of Emergency Medicine)	2
World Health Organization	9
TOTAL	11

	Number of Qualitative Evidence Syntheses with UK- or Ireland-based authors used in guidelines
England	3
Wales	1
Ireland	2

[Read more about Cochrane Qualitative Evidence Syntheses.](#)

Cochrane Network Meta-Analyses

UK Cochrane Review Groups (n=25)	Protocols	Reviews	Updates	Totals
Airways	2	3		5
Bone, Joint & Muscle Trauma	2	0		2
Common Mental Disorders	7	1		8
Dementia & Cognitive Improvement	0	1		1
Epilepsy	1	1	1	2
Eyes & Vision	0	3	1	3
Gynaecological, Neuro-oncology & Orphan Cancer	1	3		4
Heart	6	1		7
Incontinence	0	1		1
Infectious Diseases (includes HIV/AIDS)	0	1		1
Injuries	3	0		3
Oral Health	0	1	1	1
Pain, Palliative & Supportive Care	1	1	1	2
Pregnancy & Childbirth	3	2	1	5
Skin	1	3	2	4
Stroke	1	2		3
Tobacco Addiction	0	2		2
Vascular	1	0		1
Wounds	1	3		4
TOTALS	30	29	7	59

	Number of Network Meta-Analyses with UK- or Ireland-based authors
England	40
Scotland	12
Wales	1

Are Cochrane Network Meta-Analyses being used to inform clinical guidelines?

Cochrane Review Group	Number of Network Meta-Analyses in Guidelines	Number of Network Meta-Analyses in more than one guideline
Airways	2	1 in 11; 1 in 8
Anaesthesia	2	1 in 2
Colorectal	1	1 in 10
Common Mental Disorders	1	1 in 2
Emergency & Critical Care	1	
Epilepsy	1	1 in 2
Eyes & Vision	2	1 in 3
Fertility Regulation	1	1 in 11
Gut	1	1 in 5
Haematological Malignancies	1	1 in 15
Hepato-Biliary	2	
Infectious Diseases	1	
Multiple Sclerosis & Rare Diseases of the CNS	2	2 in 5
Musculoskeletal	5	1 in 23; 1 in 3
Oral Health	1	1 in 16
Pain, Palliative & Supportive Care	1	1 in 4
Pregnancy & Childbirth	1	1 in 9
Skin	2	1 in 4; 1 in 2
STI	1	1 in 3
Stroke	2	1 in 3
Tobacco Addiction	1	1 in 42
Work	1	1 in 4
Wounds	2	2 in 3
TOTAL	35	1 in 42; 1 in 23; 1 in 16; 1 in 15; 2 in 11; 1 in 10; 1 in 9; 1 in 8; 3 in 5; 3 in 4; 6 in 3; 4 in 2

Guidelines by location	Number of guidelines informed by Cochrane Network Meta-Analyses
Australia	24
Canada	10
Europe/Scandinavia	53
Hong Kong	2
Ireland	1
Japan	1
Korea	0
Malaysia	3
Mexico	0
Middle East	1
Singapore	1
South Africa	1
South America	3
UK (including 24 NICE; 9 Clinical Knowledge Summaries; 2 SIGN)	52
USA	36
World Health Organization	5
World (unspecified)	3
TOTAL	196

	Number of Network Meta-Analyses with UK- or Ireland-based authors used to inform guidelines
England	20
Scotland	5

[Read more about Cochrane Network Meta-Analyses.](#)

Cochrane Living Systematic Reviews

UK Cochrane Review Groups (n=25)	Protocols	Reviews	Updates	Totals
ENT	2	1	1	3
Gynaecological, Neuro-oncology & Orphan Cancer	0	3		3
Heart	0	1	4	1
Infectious Diseases	1	5	4	6
Skin	0	1	1	1
Tobacco Addiction	0	1	1	1
TOTALS	3	12	11	15

	Number of Living Systematic Reviews with UK- or Ireland-based authors
England	12
Ireland	1

Are Cochrane Living Systematic Reviews being used to inform clinical guidelines?

Cochrane Review Group	Number of Cochrane Living Systematic Reviews in Guidelines	Number of Cochrane Living Systematic Reviews in more than one guideline
Acute Respiratory Infections	1	1 in 7
Gynaecological, Neuro-Oncology & Orphan Cancer	3	2 in 5; 1 in 4
Haematology	1	1 in 6
Infectious Diseases	2	1 in 3; 1 in 2
Skin	1	1 in 3
TOTAL	8	1 in 7; 1 in 6; 2 in 5; 1 in 4; 2 in 3; 1 in 2

Guidelines by location	Number of guidelines informed by Cochrane Living Systematic Reviews
Australia	2
China	1
Europe/Scandinavia	13
UK (NICE)	1
USA	6
World (unspecified)	1
TOTAL	24

	Number of Living Systematic Reviews with UK- or Ireland-based authors used in guidelines
England	5

[Read more about Cochrane Living Systematic Reviews](#)